

Town of Reading 16 Lowell Street Reading, MA 01867-2683

HEALTH

Phone: (781) 942-9061 Fax: (781) 942-9071

Website: www.readingma.gov

FOOD ESTABLISHMENT RESIDENTIAL KITCHEN APPLICATION

____ (\$50) Residential Kitchen Initial Review Application Fee Payable to the Town of Reading

Included in this package is a questionnaire, followed by the Residential Kitchen regulations under 105 CMR 590.000 and pamphlet excerpts on Wholesale Food Business, and the Food Establishment Permit Application. The annual permit fee of \$25 is due when the permit application is submitted; the renewal period is each December, due no later than December 15th.

Name of Establishment:	
Address:	Telephone:
E-Mail:	
Name of Business Owner:	
Name of Property Owner (if different than above)	
Mailing Address:	
Telephone:	
Menu or List of Food Items that will be Prepared for Retail	Sale:

Attach list or write in below:

TRAINING AND POLICIES:

Please identify by name any that are Certified Food Safe	ety Mangers:		
Describe how bare hand contact with ready to eat foods Disposable gloves – utensils – food grade paper –			• -
Is there a policy to exclude or restrict food handlers who lesions? Please describe or attach a written policy:	are sick or have	infecte	d cuts and Y N
Method for obtaining food recalls:			
Attached is a copy of a "sick policy" guide sheet.			
CLEANING/SANITIZING:			
Check which will be used for ware washing; will largest Dishwasher (Requires water temperature verifica Three compartment sink or labeled bins		ooard fi	t?
How will sanitizing of cooking equipment, cutting board surfaces be accomplished for those which cannot be sub dishwasher?	_		
Chemical Sanitizer			
Chemical Type:			
Concentration:			
Testing Device:			
Note, sponges are not permitted for cleaning food contact spray bottle, must be labeled. Wiping cloths should be leader to the specific of the			
GARBAGE AND REFUSE Inside	Yes	No	N/A
Do all containers have lids?	()	()	()
Will refuse be stored inside?	()	()	()
If so, where?			

SEWAGE DISPOSAL Y___N___ Is building connected to a municipal sewer? **WATER SUPPLY:** Y___N___ Is water supply public? If private, has source been approved? Attach copy of approval/permit Y N **STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office, Reading Health Department may nullify final approval. I hereby certify that I have read and received the Residential Kitchen regulations, MA minimum requirements for Packaged – Food Labeling, and Starting a Wholesale Food Business in MA. contained in 105 CMR 590.000 provided with this Application Package. Initial ____ I hereby certify that I have read and received the excerpt on Wholesale Food Business: Initial ____ Signature(s) ______ Title _____

The Heath Department has 30 days to approve the Application with comment.

Print Name: Date: